

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) <div style="font-size: 1.2em; font-weight: bold;">10/018970</div>	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	1					51		
2	1					52		
3	1					53		
4	1					54		
5	1					55		
6	1					56		
7	6					57		
8	6					58		
9	6					59		
10	6					60		
11	6					61		
12	6					62		
13	6					63		
14	1					64		
15	1					65		
16	1					66		
17	1					67		
18	1					68		
19	1					69		
20	1					70		
21	1					71		
22	2					72		
23	6					73		
24	6					74		
25	6					75		
26	6					76		
27	6					77		
28	6					78		
29	6					79		
30	6					80		
31	6					81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS				
4		102		106				